| Debtor 1 | is informa | ation to identify your case: Jennifer Ann Curry Cal | villo | | | | |
|-------------|--|---|---|-----------------------|---|--|--|
| | | Full Name (First, Middle, Last) | | | | | |
| Debtor 2 | | E HM C (ACHI I A | | | | | |
| (Spouse, if | f filing) | Full Name (First, Middle, Last) | SOUTHERN DISTRICT OF | | | | |
| United St | United States Bankruptcy Court for the | | SOUTHERN DISTRICT OF MISSISSIPPI | | his is an amended plan, and the sections of the plan that | | |
| Case num | nber: | | | have been | _ | | |
| (If known) | | | | | | | |
| Chapte | er 13 P | lan and Motions for V | Valuation and Lien Avoidance | | 12/17 | | |
| Part 1: | Notices | | | | | | |
| To Debtors: | | This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable. The treatment of ALL secured and priority debts must be provided for in this plan. | | | | | |
| | | In the following notice to cre | ditors, you must check each box that applies | | | | |
| To Credit | tors: | Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. | | | | | |
| | | You should read this plan car an attorney, you may wish to | refully and discuss it with your attorney if you have consult one. | one in this bankrupt | cy case. If you do not have | | |
| | | to confirmation on or befor | atment of your claim or any provision of this pla e the objection deadline announced in Part 9 of t ankruptcy Court may confirm this plan without le 3015. | he Notice of Chapte | er 13 Bankruptcy Case | | |
| | | The plan does not allow clair | ns. Creditors must file a proof of claim to be paid un | nder any plan that ma | ay be confirmed. | | |
| | | | e of particular importance. Debtors must check on llowing items. If an item is checked as "Not Incluif set out later in the plan. | | | | |
| | | on the amount of a secured cl I payment or no payment at a | laim, set out in Section 3.2, which may result in all to the secured creditor | _ Included | ✓ Not Included | | |
| 1.2 | Avoidan | | ssessory, nonpurchase-money security interest, | _ Included | ✓ Not Included | | |
| 1.3 N | Nonstan | dard provisions, set out in Pa | nrt 8. | ☐ Included | ✓ Not Included | | |
| Part 2: | Plan Pa | yments and Length of Plan | | | | | |
| 2.1 | Length o | of Plan. | | | | | |
| | n 60 mon | ths of payments are specified, | months, not to be less than 36 months or less than 6 additional monthly payments will be made to the experience. | | | | |
| 2.2 | Debtor(s | s) will make payments to the | trustee as follows: | | | | |
| | | | semi-monthly, weekly, or bi-weekly) to the cued to the debtor's employer at the following addre | | nless otherwise ordered by | | |
| | <u>_1</u> | Direct. | | | | | |
| | _ | | | | | | |
| | _ | | | | | | |

23-50239-KMS Dkt 2 Filed 02/22/23 Entered 02/22/23 18:05:55 Page 2 of 5

| Debtor | | Jennifer Ann Cເ | ırry Calvillo | | Case number | er |
|------------------------|---------------------------|---|--|-------------------------|---------------------------------------|---|
| Joint Deb court, an | | | onthly, semi-monthly, hall be issued to the joint deb | | | oter 13 trustee. Unless otherwise ordered by the ess: |
| | | | | | | |
| 2.3 | Income | e tax returns/refu | nds. | | | |
| | Check d | all that apply Debtor(s) will re | etain any exempt income tax | refunds received du | ring the plan tern | 1. |
| | | | apply the trustee with a copy urn over to the trustee all nor | | | g the plan term within 14 days of filing the during the plan term. |
| | | Debtor(s) will tr | eat income refunds as follow | s: | | |
| | tional p k one. | ayments. | | | | |
| Cnec | k one. | None. If "None | is checked, the rest of § 2.4 | need not be comple | ted or reproduce | d. |
| Part 3: | Treati | ment of Secured (| Claims | | | |
| | 1322 claim Mtg pmt | (b)(5) shall be sche | eduled below. Absent an objegage creditor, subject to the st | ection by a party in it | nterest, the plan inuing monthly r | nd cured under the plan pursuant to 11 U.S.C. § will be amended consistent with the proof of nortgage payment proposed herein. |
| -NO | ng <u>Iviai</u> | CH 2025 | | Plan 📝 Din | rect. Include | es escrow 📝 Yes 🗌 No |
| NE- 1 | Mtg arre | ars to | | Through | - | |
| 3.1(b) Property | U th | S.C. § 1322(b)(5) e proof of claim fierein. | shall be scheduled below. A | bsent an objection by | y a party in inter | ntained and cured under the plan pursuant to 11 est, the plan will be amended consistent with nuing monthly mortgage payment proposed |
| | addre | ess: | | | | |
| Mtg pmi Beginnii | | | @ | Plan | Direct. | Includes escrow Yes No |
| Property | -NONE | E- Mtg arrears to | | Through | | |
| 3.1(c) | | | be paid in full over the pla proof of claim filed by the mo | | objection by a pa | rty in interest, the plan will be amended |
| Creditor | : -NC | NE- | Approx. amt. due: | | Int. | |
| Property | | | | | | |
| (as state Portion | d in Part of claim | 2 of the Mortgage to be paid without | | | | |
| _ | | Debt less Principal | | | | |
| Special of | claim for | r taxes/insurance: S | δ -N | ONE- /month, beg | inning month | |

| Debtor | Jennifer Ann Curry Calvillo | Case number | | | | |
|-------------|---|--|--|--|--|--|
| (as state | ed in Part 4 of the Mortgage Proof of Clain | n Attachment) | | | | |
| | therwise ordered by the court, the interest dditional claims as needed. | rate shall be the curent Till rate in this District | | | | |
| 3.2 | Motion for valuation of security, payment of fully secured claims, and modification of undersecured claims. Check one | | | | | |
| | None. If "None" is checked, the rest of § 3.2 need not be completed or reproduced. | | | | | |
| 3.3 | 3.3 Secured claims excluded from 11 U.S.C. § 506. | | | | | |
| | Check one. None. If "None" is checked, the | e rest of § 3.3 need not be completed or reproduced. | | | | |
| 3.4 | Motion to avoid lien pursuant to 11 U | S.C. § 522. | | | | |
| Check or | | e rest of § 3.4 need not be completed or reproduced. | | | | |
| 3.5 | Surrender of collateral. | | | | | |
| | Check one. None. If "None" is checked, the | e rest of § 3.5 need not be completed or reproduced. | | | | |
| Part 4: | Treatment of Fees and Priority Claim | as | | | | |
| 4.1 | General Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest. | | | | | |
| 4.2 | Trustee's fees Trustee's fees are governed by statute and may change during the course of the case. | | | | | |
| 4.3 | Attorney's fees. | | | | | |
| | ✓ No look fee: | | | | | |
| | Total attorney fee charged: | <u></u> \$0.00 | | | | |
| | Attorney fee previously paid: | <u>\$0.00</u> | | | | |
| | Attorney fee to be paid in plan per confirmation order: \$0.00 | | | | | |
| | Hourly fee: \$ (Subject to approval of Fee Application.) | | | | | |
| 4.4 | Priority claims other than attorney's fees and those treated in § 4.5. | | | | | |
| | Check one. ✓ None. If "None" is checked, the | e rest of § 4.4 need not be completed or reproduced. | | | | |
| 4.5 | Domestic support obligations. | | | | | |
| | None. If "None" is checked, the | e rest of § 4.5 need not be completed or reproduced. | | | | |
| | | | | | | |
| Part 5: 5.1 | Treatment of Nonpriority Unsecured Nonpriority unsecured claims not sepa | | | | | |

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. *Check all that apply*.

23-50239-KMS Dkt 2 Filed 02/22/23 Entered 02/22/23 18:05:55 Page 4 of 5

| Debtor | Jennifer Ann C | Curry Calvillo | Case number | |
|---|---|---|-------------------------------------|--|
| ✓ | | total amount of these claims, an estimate fiter disbursements have been made to | | his plan. |
| | | tor(s) were liquidated under chapter 7, ons checked above, payments on allow | | |
| 5.2 | Other separately classi | fied nonpriority unsecured claims (s | pecial claimants). Check one. | |
| None. If "None" is checked, the rest of § 5.2 need not be completed or reproduced. The nonpriority unsecured allowed claims listed below are separately classified and will be treated as follows: | | | | |
| | Name of Creditor | Basis for separate classification and treatment | Approximate amount owed | Proposed treatment |
| Great | Lakes | Student Loan \$276,809 | \$276,809.00 | Debtor to pay direct pursuant to contract in place with servicer |
| Insert a | Executory Contracts a | | | |
| 6.1 | The executory contract | ts and unexpired leases listed below and leases are rejected. Check one. | are assumed and will be treated a | s specified. All other executory |
| | None. If "None | e" is checked, the rest of § 6.1 need no | t be completed or reproduced. | |
| Part 7: | Vesting of Property of | the Estate | | |
| 7.1 | <u> </u> | will vest in the debtor(s) upon entry | of discharge. | |
| Part 8: | Nonstandard Plan Pro | ovisions | | |
| 8.1 | _ | Nonstandard Plan Provisions e" is checked, the rest of Part 8 need n | not be completed or reproduced. | |
| Part 9: | Signatures: | | | |
| complet | | | the Debtor(s) do not have an attorn | ney, the Debtor(s) must provide their |
| J | ennifer Ann Curry Calvignature of Debtor 1 | illo | Signature of Debtor 2 | |
| E | xecuted on February 2 | 22, 2023 | Executed on | |
| A | 31 Summit Rdg | | Address | |
| | attiesburg MS 39402-00 ity, State, and Zip Code | <u> </u> | City, State, and Zip Code | |
| T | elephone Number | | Геlephone Number | |
| | s/ Jennifer Ann Curry C | | Date February 22, 2023 | |

23-50239-KMS Dkt 2 Filed 02/22/23 Entered 02/22/23 18:05:55 Page 5 of 5

| Debtor | Jennifer Ann Curry Calvillo | Case number | |
|---------------------------|---|---------------|--|
| P.O. E Jacks Addres | ure of Attorney for Debtor(s) Box 13767 son, MS 39236 ss, City, State, and Zip Code 00-5533 | 104367 MS | |
| trollin | none Number as @therollinsfirm.com Address | MS Bar Number | |